Issue 238
June 2012

SALEM VAMC

Just the Facts

VETERANS FIND SUCCESS THROUGH SALEM VAMC JOB PROGRAMS

Cedric Scott of Roanoke served in the Army during the Gulf War as a Combat Engineer. He began receiving his care at Salem Veterans Affairs Medical Center (VAMC) in 2000. Cedric says he was "almost homeless" and had health issues, but wanted more than anything to get a job.

He was accepted into the Compensated Work Therapy (CWT) Program and got a job in the Salem VAMC Warehouse in February 2012 through the guidance of Mary Wells-Garland, MS, CRC, CRP, Vocational Rehabilitation Specialist, Supported Employment Program Coordinator. "This job gave me a second chance at life," he says. In the CWT capacity, he works in the Warehouse 32 hours per week, and spends another 8 hours per week searching for jobs and enhancing his work skills. During the recent Regional Veterans Job Fair held on April 25th at Salem VAMC, he was encouraged to update his resume and apply for other jobs. He appreciated being able to use the computers in the Computer Lab in Building 9, and get assistance from the staff on preparing his resume. He has now been accepted for a full-time Housekeeping Job at Salem VAMC.

"I believe in God, and the people at the VA who have been here to help me," says Cedric. "There are lots of good stories here that don't always make the front page. I am humble and thankful, this has been like a miracle. The VA is a big place, so it helps to find the people who can help you get over the hump and help you with your issues. I especially thank Ms. Mary [Wells-Garland], Ray Moore, Beth Stump, and Patrick Brown. The important thing to remember is you have to do your part – they can't do it for you."

"The hardest part for me was self-discipline. I had to overcome negative things from my past and roadblocks; I found people at the VA that I could depend upon."

Brian Andrews of Roanoke served in the Air Force During Desert Storm as a Security Policeman. He came to Salem VAMC when he got out the of military, left for a while, then returned in January 2010. In February 2010, he was accepted for the Supported Employment Program to receive individual counseling to help him plan and develop a career. He was in

(Left to Right:) Cedric Scott, Mary Wells-Garland, and Brian Andrews. Photo by Marian McConnell.

an LPN program in Canada for almost three years, so he knew he wanted to work in the health care field. Because he didn't have an LPN license, and needed financial aid, he was able to negotiate payment plans for the schools loans that were in default. He was able to get a job with a local health care agency as a companion to elderly clients, which enabled him to bring paying off his loans and build up his resume. After working for almost a year, he took the next step which was to get his CNA (Certified Nursing Assistant). He continued to work part time, and graduated in April 2011 with his CNA. His responsibilities increased, and so did his paychecks. In September 2011 he went back to school and got his Medical Aid certification. Now he's considering getting certified in "massage therapy, so I can help people and remain in the health care environment."

Brian was living at home, but now has his own apartment, and has been able to buy his own car. His biggest challenge he says was that "there was no clear-cut path for what I should do; I just knew I wanted to be a productive member of society." His advice to other Veterans is to "keep an open mind and try to be receptive to what you hear. A lot of people here [at the Salem VAMC] want to see you succeed. It's never too late!"

Cedric and Brian both say faith played an important part in the whole process, and they appreciate the encouragement they've received from Salem VAMC Chaplains – Chaplain Quentin White and Chaplain Harold Bryant. Cedric said back when he was virtually homeless, his wallet was stolen and all he had left to his name was $2. He stopped at a convenience store and spent $1 on something to eat, then saw an elderly couple with a flat tire in the parking lot. It was 20 degrees outside and neither the man nor the woman was able to fix the tire, so he changed the tire for them. They offered him money for his help, but he said "that wouldn't be right." That same day he received an unexpected windfall of $5,000! "I know that was God's doing," he said, "just like bringing me to the VA."

Miguel H. LaPuz, MD, MBA
Director

A RUCK TO REMEMBER—VETERAN WALKING 500 MILES IN SUPPORT OF THE WOUNDED WARRIOR PROJECT

Veterans in our Community Living Center (CLC) received a special visit on May 14th from Mac McCollum, a Veteran (7 years in the Marines with 2 deployments to Iraq) walking from Nashville, TN to Arlington National Cemetery to raise donations and awareness for the Wounded Warriors Program. Mac is walking about 25 miles a day, carrying a 25-pound sack called a "ruck." He had raised about $13,000 of his $20,000 goal when he stopped by to visit at our medical center.

Mac (on the right) is shown with one of the CLC residents, Mr. Claude D. Shrader (on the left). (Photo by Marian McConnell).

For more information see Mac's website and blog at www.rucktoremember.com

Salem VAMC has a Rural Health Team to provide information and education to Veterans in our catchment areas. The team is under Salem VAMC's Primary Care Service Line, and works closely with Home Based Primary Care, Tele-medicine, Women's Health, Mental Health, OEF/OIF/OND Coordinator, and other services.

Recently the Team shared information about VA health care services at: the VFW Post in Covington, the VFW Post in Hillsville, the VA 2K Walk & Roll, and the Bedford Welcome Center.

Upcoming Rural Health Outreach Events:

- June 7—VFW Post 1033 in Covington, VA from 9a-12p
- June 8—Valley View Mall in Roanoke, VA from 2-6p
- June 9—Community Health & Wellness Fair in Wytheville, VA from 9a-1p
- June 12—VFW Post 1115 in Hillsville, VA from 9a-12p
- June 22—Piedmont Mall in Danville, VA from 2-6p
- *June 29—Covington, VA Cork & Pork Festival (Tentative)*
- July 5—VFW Post 1033 in Covington, VA from 9a-12p
- July 10—VFW Post 1115 in Hillsville, VA from 9a-12p

More information and upcoming events open to the public are posted at www.salem.va.gov in the events calendar. If you would like to invite the Rural Health Team to an event or to speak with your organization, please contact Marian McConnell at (540) 855-3460 or email at marian.mcconnell@va.gov.

JUNE IS "EAT WISELY" MONTH

Submitted by Dr. Shannon Cohen

Eat a variety of foods every day. It is important to include low fat milk and other daily products in your diet, and limit total salt, fat, sugar, and alcohol.

Try to add color to your plate by choosing 2-3 cups of fresh or frozen vegetables and fruits each day.

Go lean with protein; bake, broil, or grill meats, poultry, and fish, instead of frying it.

Check out the free display in our main lobby (Building 143) on Tuesday, June 12th from 12-1p for more information. Free for all Veterans, Volunteers, visitors, and staff!

? ASK ETHEL?

*The Integrated Ethics Committee poses a question each month in **Just the Facts**. Questions and answers will address resources available to employees and other ethical Issues in the workplace. Customer centered agencies, like Salem VAMC in which improved customer service is important to the overall mission of quality healthcare, tend to offer various opportunities for all employees which promote career and self growth. Answers will appear in the following month's issue. Employees are encouraged to submit questions to Ethics (122). Please include your name and extension if you want a personal response (all responses are confidential).*

May's Question: I recently submitted an Ethics Referral on behalf of a Veteran. Since submitting the Ethics Referral my co-workers seem to be treating me differently. Should I have submitted the Ethics Referral anonymously?

Information in this article was taken from the Ethics Consultation Primer at the National Center for Ethics in Health Care, NCEHC. http://www.ethics.va.gov/docs/integratedethics/ Ethics_Consultation_Responding_to_Ethics_Questions_in_Health_Care_20070808.pdf

Ethics consultation in health care settings dates back nearly 35 years. In the 1970s the first consultation services were established. Since the development of ethics case consultations in the 70's, other types of ethics consultations have emerged in health care as well as in general business settings to include: requests for general information, policy clarification, document review, discussion of hypothetical or historical cases, or ethical analysis of an organization's ethical policies and practices.

The overall goal of ethics consultation is to improve health care quality by facilitating the resolution of ethical concerns which serve to clarify the uncertainty or conflict about values in a given situation on behalf of the patient. By providing a forum for discussion and methods for careful analysis, effective ethics consultation: promotes practices consistent with high ethical standards, helps to foster consensus and resolve conflict in an atmosphere of respect, honors participants' authority and values in the decision-making process, and educates participants to handle current and future ethical concerns. Therefore, requests for ethics consultations that involve ongoing patient care should only be accepted from someone who has "standing" in the case—that is, a person who is rightfully involved. For example, the patient and his or her close family members would have standing in a case, as would those clinical staff, medical students, and administrators who are directly responsible for the patient's care. Individuals who would not have standing might include a member of the media or someone who heard about the case secondhand.

Occasionally, an individual requests an ethics consultation in an anonymous fashion but asks to have his or her identity protected. Most commonly, trainees, nurses, or others who feel vulnerable in the organization make such requests. Anonymous requests for ethics consultation are problematic for a variety of reasons and, as a rule, are not to be accepted. The concept of service is central to ethics consultation. When no one is identified as the requester, it is unclear whom the consultation serves. Moreover, if the requester remains anonymous, the consultant cannot clarify the nature of his or her concern(s) or determine whether the requester has standing in the case. When requestors want to remain anonymous this is generally suggestive that the concern may be a serious breach of compliance with facility policy or the law. In this case the request would not be accepted as a routine consult, and the requestor would be referred to their supervisor or appropriate institutional office or service.

Employees may contact the Ethics Consultation Service Monday through Friday from 8:00a-4:00p using pager number #4220. Nights, weekends, and holidays, call the Administrative Officer of the Day, AOD at extension 2172. Ethics referrals may be initiated by any employee without supervisory approval. Patients and close family members of patients may seek ethics consultation by using the above process.

June's Question: Recently while providing an educational program in the lobby for Veterans, visitors and staff, another employee made some inappropriate remarks to us. What is the best way to handle this type of situation in front of Veterans and visitors?

EMPLOYEES — RECEIVE $500 — REFER A NURSE TODAY!

This program is to encourage employees to actively recruit qualified RN & LPN applicants for nursing positions. The employee making the referral will be rewarded for their efforts if and when the applicant is successfully hired.

Please contact Michele Andrews, Nurse Recruiter at (540) 982-2463, Ext. 2407 for a Referral Form and more information.

MENTAL HEALTH INTENSIVE CASE MANAGEMENT (MHICM)

Submitted by Rita Cone

Mental Health Intensive Case Management (MHICM) is a national program that provides case management services to Veterans diagnosed with a serious mental illness who require support, advocacy, and professional mental health services. The overarching goal is to help the Veteran live in his/her own residence and decrease the need for inpatient psychiatric care. At Salem VAMC, the MHICM staff focus on helping the enrolled Veterans reach holistic recovery goals. Holistic goals encompass the following areas: Mental/Emotional well being, Physical Health, Occupational Health, Social/Recreational/ Relational Health, Intellectual Stimulation and Growth, Financial Stability and Spiritual Well Being.

Although current research indicates that 2/3 of those with mental illness can get better over time, there is still societal stigma in regards to mental illness. VAMC believes in the recovery model versus the medical model. Recovery does not mean there is a "cure" for mental illness but rather a reduction in symptoms so that the Veteran can live a life of meaning and purpose in the community setting. In MHICM, we know that the path of recovery is a process that can take years. There is no time limit for a MHICM Veteran to be enrolled before he/she graduates from the program. MHICM does not look for one big success, but rather the steps of success that take place during the process.

One Veteran was in and out of the psychiatric inpatient unit 11 times between 1998 and 2003 before being enrolled in the MHICM program in December 2003. At that time he was homeless, sleeping in a car. With the help of MHICM he was able to get non-service connected income as well as a small apartment. He managed to stay sober from alcohol. Even though these steps showed progress, the Veteran was still in denial of his diagnosis of Bipolar disorder and would not maintain medication compliance. Ultimately he chose to drop out of the MHICM program.

In the fall of 2005 the Veteran reengaged with MHICM and was involved with one primary case manager for the next five years. During that time frame, the Veteran began regularly attending groups at VA's PRRC (Psychosocial Rehabilitation and Recovery Center) and also On Our Own, a community mental center. Although the Veteran had 18 more inpatient admissions between 2005 and 2008 he slowly began to make progress. One area was learning how to become more assertive. He practiced his newly learned techniques in his social worker's office. Previously, he was often taken advantage of by his brother. He was able to learn how to say no to his brother's demands and expectations. If a Veteran comes to acceptance of his/her mental health diagnosis and decides to be medication compliant that is often one of the big steps in achieving recovery. This particular Veteran finally admitted that he had a diagnosis of Bipolar Disorder and that he needed to take his medication as prescribed. With MHICM's help the Veteran was able to begin thinking about reuniting with family members. He had not seen his children for 20 years. After some phone calls and letters, MHICM assisted the Veteran in making arrangements to travel to another state to meet them. He also made contact with a sister who met him there. From then on he kept in contact with his sister and his children and grandchildren, whom he had not met before he re-established a relationship with his children.

Through this healing process the Veteran began to accept himself, as well as forgive himself and others, and became more active in the community. He became involved with League of Older Americans and met a lady that he began dating, From homelessness to maintaining his own apartment to sobriety, to reuniting with family to having a special lady friend, this Veteran reached recovery. From 2008 until 2010 Veteran was not admitted to the psychiatric hospital. He graduated successfully from the MHICM program in 2010.

Yes, persons with mental health problems can reach recovery and live a stable life in the community if they are given the resources, support, and dignity they deserve. For more information please contact Ms. Rita Cone, MHICM Coordinator, LCSW, at (540) 982-2463, ext. 2766.

2nd ANNUAL VA 2K WALK AND ROLL — A WONDERFUL SUCCESS!

Submitted by Dr. Shannon Cohen, Photos by Jim Markey

Thanks to all who participated in the VA2K Walk and roll on May 16th. The event promoted exercise and drew attention to the needs of our Veterans who are homeless.

We had a total of 331 walkers at the Salem, Lynchburg, and Danville facilities. We collected an estimated $2,800 in voluntary donations of clothing and other items for our Veterans who are homeless. (*See our Facebook page for more photos of the walk*.)

Our Health Care for Homeless Veterans Team works with other community agencies to reduce homelessness and meet the needs of our Veterans. We had approximately 87 Veterans who were reported homeless in Roanoke, Salem, Lynchburg, and Danville area as of January 2012.

If you would like to provide additional clothing and backpacks for Veterans who are homeless, there will be a Stand Down on November 7th; please watch our website www.salem.va.gov and/or contact VA Voluntary Service at (540) 982-2463, ext. 2636 for more information.

VA 2K WALK & ROLL

SAFE PATIENT HANDLING (SPH) CORNER

Submitted by Sonya Stokes, BSN, RN

May SPH Question of the Month: What are the names of the two sit-to-stand devices utilized at Salem VAMC? What is particularly important to assess prior to selecting either device for transfer? Answer: The two sit-to-stand devices utilized in our facility are the Arjo Sara 3000 and Liko Sabina. It is extremely important to know the different instances of use for either a sit-to-stand lift or a full floor-based lift model. In order to provide safe transfer and movement of a patient from chair to bed, chair to toilet, or chair to chair, utilizing a sit-to-stand device, you must first assess the patients' ability for use. The device should only be utilized with clients who have the minimum of 20% lower extremity strength, cognitive stability (ability to follow commands), moderate upper extremity strength, and preferably, no abdominal wounds. This device lifts mainly from the waist with the client able to plant feet, steady on the platform, and grasp handles provided for stability. If any of these requirements are not able to be met, the staff should immediately determine the lift inappropriate for use with the client, then retrieve the floor-based lift for this procedure.

June "SPH Question of the Month: Should slings be used for anything other than transferring or limb holding (for treatments and dressing changes)?

The **Unit Peer Leader of the Month** winner for April 2012 is **Nikita Hale, RN**, 4J, for her dedication to our quest to prevent staff injuries. Ms. Hale is one of the newest SPH UPLs introduced to our program and has done a tremendous job with diligent effort to promote and educate her peers on the culture and practice changes involved with SPH and creating a safer work environment. Congratulations Nikita and job well done!

SPH Spotlight: Rebecca Moore, RN, Ward 3H—Dermal Wound

My name is Becky Moore. I am an RN in the area of wound care. I have been at the VAMC for almost 4 years. I am the Safe Patient Handling Unit Peer Leader for my area. I work in conjunction with other SPH's to ensure employees within my area and the facility are provided the proper equipment to secure safety while working with patients. The goal for Safe Patient Handling is to minimize and hopefully eliminate on the job accidents with the appropriate equipment.

THE CLOTHESLINE PROJECT

Submitted by *Chloe A. Tunze, MS, Psychology Intern*

In honor of April's Sexual Assault Awareness Month (SAAM), Salem VAMC hosted a Clothesline Project in the main lobby of building 143. Men and women who have been impacted by military sexual trauma (MST) were given the opportunity to design t-shirts in order to "break the silence" and get their voices heard in a way that acknowledges victims and supports survivors of sexual trauma. Some messages expressed anger and sadness, and others offered support and hope for the future. These t-shirts were displayed on a clothesline in 143 for all to see. The goal of the project was to decrease stigma and raise awareness about MST – including sexual assault and sexual harassment – which is reported by 1 out of 5 female and 1 out of 100 male Veterans.

The first Clothesline Project was started in 1990 in Hyannis, Massachusetts, and is now a part of SAAM for Veterans Affairs Medical Centers nationwide. Other community agencies, such as TAP (total action against poverty), also make and display t-shirts. In addition to the visual display of t-shirts, information tables were staffed by psychologists, psychiatrists, and social workers from the Center for Traumatic Stress. Resources for treatment, contact information for the Salem VA's MST Coordinator (Dr. Susan Duma, ext. 2562), and factual information about MST and other forms of sexual assault were available to anyone who stopped by. Free promotional items to increase awareness of MST such as pens, pins, and teal ribbon magnets and stickers were also available. Veterans and their friends and family members were able to ask questions and write messages to sexual assault survivors. Though some people offered objections and offense to the t-shirts, most who chose to comment offered support for our sexual trauma survivors and appreciation of the project. The clothesline remained up for the entire month of April.

Thank you to all who supported the cause and helped make this event successful. Thank you to survivors for your inspiring courage, to the staff who provide treatment for sexual trauma, to those who made t-shirts, and to everyone else who offered their voices, their words, and their support.

SAFETY MAKES A DIFFERENCE

Submitted by Cary Schlitz, CIH, CSP

Here's one for the list of life's most embarrassing moments. Sometimes I wonder why kids do things like this, and then I realize … they're just kids and they don't know better. But hopefully, this kid will someday outgrow his childish ways and become a safe and sensible citizen.

I've seen plenty of crazy things done by grown-ups, too. For example, I recently read about a guy who was curious about how his industrialized vacuum cleaner worked. With the vacuum cleaner on, he decided to stick his hand up inside it and poke around. As can naturally be expected, the roller caught hold and yanked the flesh off three of his fingers. Now he can tell his grandkids about the scars on his hand.

My friends, we're all curious about things. It's when we don't recognize where it crosses the line into danger that we find ourselves in positions like this little boy. So, do yourself a favor. The next time you're curious about something, use some SAFETY THINKING to determine where the line is before you cross it. We learn through experience, but death or injury isn't the way to learn a lesson.

2012 NATIONAL WOMEN'S HISTORY MONTH, "WOMEN'S EDUCATION – WOMEN'S EMPOWERMENT"

Submitted by Charlene Scott

"A Christmas tree in March!" and… "Maybe they are late celebrating Valentine's Day!" others exclaimed as they caught a glimpse of red balloons atop the tree displayed in the hospital lobby. The Federal Women's Program Committee at Salem VAMC was very creative with their educational efforts. They decorated a white Christmas tree with ornaments displaying women past and present who were pioneers in the field of education. Veterans, visitors and staff commented on the educational accomplishments of women throughout history. The annual Women's History Month activities were held March 12-16th. Human Resource staff were available to educate staff on how to apply for government jobs, develop a resume, and complete other employment paperwork.

The Office of Employee Education (OEE) provided information on LDI, MAP, ADVANCE and scholarship applications for employees.

Photos Below (Left to Right): Flordeliza Veloso and Charlene Scott; Julie Kelly and Michelle Andrews; Marsha Garrison and Rod Hiduskey. Photos by Rod Hiduskey.

FACILITY ENHANCEMENTS/CONSTRUCTION NEWS

Submitted by Wayne Johnson, FMS

As the summer construction season approaches, so does initiation of construction for the Building 8 Addition in the East Courtyard. Design for this substantial project is nearing completion, and construction initiation should occur upon completion of storm-water management permitting of the project.

Construction should also begin on the water tower replacement project. Portions of this Project are also subject to fulfillment of precursory regulatory and safety requirements.

Several other building/building system renovation projects will continue during the June/July timeframe including:

- Renovation of Building 7, 2nd Floor for MHSL: Should be essentially completed.
- New Education Center in Building 75: Construction work will resume after completion of a supplemental agreement for finish changes.
- Community Living Center Dining Room Addition: Construction procurement will continue.
- Roof Work on Buildings 143 and 144 (Chapel): The contractor has remobilized and should complete roofing on Buildings 143, 144, and 160 (Chaplain Offices) during this timeframe.
- Buildings 74/75 Basement Corridor Floor Finish: This work has initiated, and both floors should be finished during this timeframe.
- Replace HVAC System in Building 74: Design/construction procurement will continue.
- Steam Distribution Corrections in the West Loop: Supplemental agreement work will be completed during this timeframe.
- Renovate Building 17 for Rural Health Program: Design/construction procurement will continue.

Several energy, site-wide utility, or security projects are also in various stages and will continue to progress as noted below during the June/July timeframe:

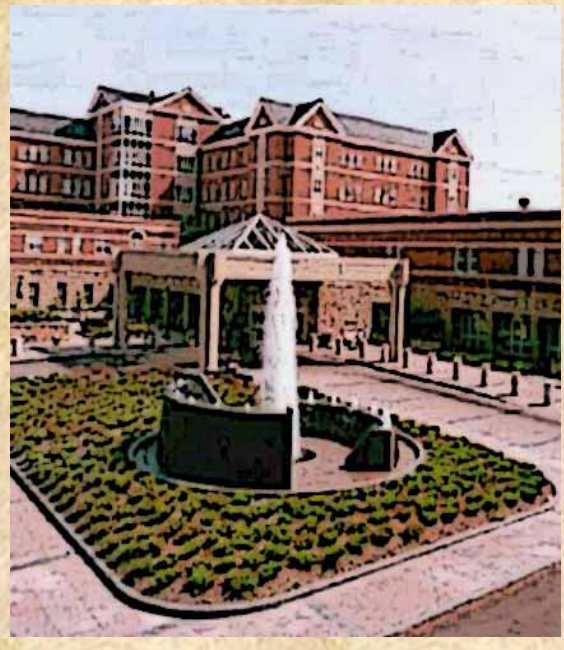
- Additional Energy Conservation Measures (light replacement, corridor roll-up doors, water heater replacement): Rollup doors for corridor drive-through locations will initiate construction, and other components of this project will continue in procurement.
- Upgrades to Emergency Electrical System: Construction contract awarded.
- Replacement of Primary Electrical Feeders: Design effort will continue.
- Upgrade Underground Water Distribution System: Construction procurement will continue.
- Upgrade and Modernize Utility Plant: Design procurement will continue.
- Site-wide Security Fencing: Construction contract awarded.
- Install Storm-Water Overflow for East Courtyard: Design will continue.

Projects which have recently been substantially completed include:

- HVAC System Replacement in Building 12.
- Installation of fast-acting rollup doors in the warehouse.

Other projects currently in procurement or various stages of construction include Canteen renovation, completion of marquee signs, and additional security enhancements for limiting access under emergency situations . These and other similar projects are either in procurement stages or will be completed by in-house staff.

As always, please avoid construction areas to the extent possible. If you observe safety concerns please report them immediately to Safety (Ext. 2292) or FMS (Ext. 2700).



"WHAT I LOVE ABOUT SALEM VA NURSING" - Essay Contest Winners

Connie S.Wimer, RN, Staunton CBOC (Community Based Outpatient Clinic)

Although I have been working in the Salem VA system for only a short while, I love the practice of Nursing in the Salem VA for several reasons. First, working in Primary Care allows me the autonomy to work at the top of my license as I manage Veterans with chronic diseases such as Diabetes, Hypertension, and CHF. Simultaneously, I have the opportunity to practice nursing within an interdisciplinary team that functions cohesively to promote the health of the Veterans we serve.

Secondly, Nursing within the Salem VA system offers the nurse the opportunity to "leave your footprint", as one is challenged daily in promoting health, coordinating care, and navigating the complex VA health care system. Nursing within the Salem VA is multi-dimensional. Within Primary Care, I have the opportunity to be a resource, an educator, and even a friend to both our Veterans and their families. I have always loved the teaching part of nursing and being a part of the Salem VA gives the nurse ample opportunity to educate our Veterans and families. However, sometimes it is just the caring side of nursing that is needed, whether it is active listening, or just a friendly face. I feel fortunate that in working for the Salem VA, I can be both an intellectual nurse and a caring nurse.

In summary, I love Nursing in the Salem VA because I am challenged and my opinion is valued, but mostly because I have the opportunity to make a difference. Whether I am contributing to a team conference, educating a new warfarin patient, or calming a distraught daughter whose Veteran father has terminal cancer, I know I have done my job, I have made a difference, and I have loved it.

Mary M. Stewart, RN, HBPC (Home Based Primary Care)

My nursing career at the Salem VA began almost five years ago when the newly created Home Based Primary Care (HBPC) program was started. Home care was not only my background, but my passion. I was excited to be able to help deliver this new care to our Veterans with an interdisciplinary team of capable, compassionate professionals that made it possible to encompass and provide true holistic care.

Being a case manager in HBPC gives me an opportunity to not only refine my nursing skills, but to be able to wear other hats as well. I am not only a nurse and educator, but at times a confidant, a repair woman, pet chaser, designer, and detective. When we get a new patient in HBPC we get a handful of puzzle pieces to work with and the interdisciplinary team and I try to place these pieces in a pattern that will tell a story and reveal clues as to how to best serve this Veteran and his family/caregivers. Sometimes pieces are missing and there is a void left as to what could have been, but then there are the other times when the sun bursts through the clouds and we are able to make a significant difference in someone's life.

I love nursing at the Salem VA in my HBPC group because I have the sacred honor of being entrusted with these sometimes fragile pieces and am humbled by their strength and dignity.

Linda Riffel, RN, MSN, Associate Chief Nursing, MHSL (Mental Health Service Line)

My father was a patient here for many years, inpatient and outpatient. Building 143 had just been completed when my father passed away in the new ER. He served his country well spending more than 25 years in the US Army and was very proud to be a Veteran. Soon after his passing I enrolled in school to pursue my RN. I wanted to give back to my country for taking care of my father. Upon graduation there were no vacancies at the VAMC, disappointed, I secured a position with Lewis Gale….within 3 months I had an interview and was soon offered a position on 4A (now 4J). I jumped at the chance to work here, that was 17 years ago and I'm still here. Why?

I love my country and the men and women who have sacrificed so much so I can work wherever I choose. I want to be able to help in any way I can…..it may be assisting a Veteran by pushing his wheelchair, opening a door for a Veteran who has reduced vision, playing chess with a Veteran

who is just looking for a friend, comforting a Veteran who has just gotten some bad news, giving life sustaining care, dressing a wound, changing a bed or just listening because a Veteran wants to talk. It doesn't matter.....I am grateful for every Veteran who walks through our doors and I am proud to be able to serve him/her in any way I can. I am an American, I respect my flag, and I thank God for our Veterans.

Julia Caplick, LPN, PCSL

Being a nurse at the VAMC Salem for the past 13 years has been a remarkable experience. I love working with employees who embrace the mission, core principles and values of the VAMC Salem. As a finely tuned team, we all strive to provide the finest care for our Veterans by exuding integrity, commitment, advocacy, respect, and excellence; and our accomplishment of this goal is revealed through the contentment and well being of each Veteran who enters our facility.

Each day I arrive at work feeling both honor and pride for being able to care for Americas' brave soldiers and their loved ones. Our Veterans risked their lives to protect freedom for all of us. I have always felt that the Veteran deserves the best care possible as they have put themselves above others to protect our freedom. As a nurse at the VAMC I will give to them the very best care I am capable, as they have more than earned this from all of us at the VAMC Salem. To me, shaking hands with a solder is higher on my list than shaking hands with a celebrity, for our soldiers are the true heroes. While not every soldier who goes to war returns with their lives, I am humbled to be in the presence of and care for those who have risked their lives, limbs, and even watched their comrades' fall in battle beside them. These Veterans were our last line of defense against an enemy; I believe the doctors and nurses I have been honored to work beside at the VAMC Salem will be their last line of defense against illness and even death.

Our Veterans fought hard to protect our freedoms by placing their beliefs and convictions on the line every day. It is for this reason I protect their lives through excellence in health care decreasing incidents against medical conditions which would possibly kill them, such as hypertension, high cholesterol, or obesity. The programs developed by nurses for Veterans as well as the demonstrated caring quality I have witnessed firsthand are the reasons I love being a VAMC Salem Nurse.

Marsha Jordan-Akers, RN, PCSL

I became a nurse reluctantly after many years in the airline industry. After obtaining my nursing degree, I worked several years at a local hospital where every day I regretted my career change. My misery over my career changed the day the supervisor of the unit I was working on announced that the unit was closing. I applied for a job at the VA and was hired as a Case Manager in Primary Care.

I had a lot of tribulation about starting a job that I knew so little about, however, I was fortunate to be assigned to a team that embodies the definition of providing excellent health care. Dr. Dunne has been the biggest influence to my growth as a competent nurse. From the moment I started on his team, he has taken the time to teach; to encourage, and guide me so that I have obtained the knowledge and skills needed to provide good quality care to our Veterans. The biggest asset that I have gained is how to work as a team. Our goal is helping our Veterans to live well by working together.

My progress professionally has been guided by my nurse manager. She has offered advice so that I have seen a steady progression of advancement and growth. She allows me autonomy to practice nursing and to work at the top of my license. She continues to offer opportunities that challenge me professionally and personally.

"ACT AS IF WHAT YOU DO MAKES A DIFFERENCE. IT DOES." — William James. For me, being a nurse at the VA means, being able to appreciate and being thankful to the people that have helped me become a good nurse. I love what I do and I love doing it at the VA. I think I make a difference in our Veteran's lives because they have made a difference in my life. Every day I am encouraged to keep learning and to keep caring.

COMPLIMENTS CORNER

♥ "Special thank you to **Michelle Pettis-Tibbs** and the following in Social Work for helping a Veteran get situated for travel in an emergent situation. You treated him special and very caring: **Machele Huff, Marianne Lee, Katherine Poulos, Kristin Pugh, Gaylene Sanford, Debra Swain-Elliotte**, and **Jeanne Welch**."

♥ "Thanks to the OR staff and all who were involved with my colonoscopy. I was nervous when I came in for the procedure but after communicating with the OR staff I felt safe and at ease. Please thank: **Dr. Choudhury, Mark Mizuba, Susan Wilhelm, Teresa Groggs, Nicholas Pope, Tighe Marrone**, and **Justin Neal**."

♥ "Thanks to the **Mental Hygiene Clinic**—the front desk receptionist is friendly and timely. **Dr. Detweiler**—two thumbs up! Always on time, supportive, and positive attitude."

♥ "Thanks to the staff on **Ward 4J**; everything was wonderful. They offered me things if it was a drink, a blanket. All the **Nurses** have been wonderful. And **Dr. Kruchel** who was filling in was very helpful."

♥ "My Primary health clinic is the **Danville** outpatient clinic and I haven't ever had any problems with accessing or getting my questions answered at this clinic! This is the best VA outpatient clinic that I have ever used!"

♥ "Thanks to **Jason Watson**, MSA, at the **Staunton CBOC**. He is awesome and really dedicated to all the patients. He is one of the anchors of the CBOC. He treats the patients with respect, remembers and calls them by name, and never gets rattled, no matter how busy he is."

♥ "Compliments to **Dr. Thaler** and his Nurse, **Jody Kiker**. They are exceptionally professional and sharp. They enhance the organization by meeting the needs of Veterans."

♥ "To the **Home Based Primary Care** (HBPC) staff — thank you so very much for the special care and love you had for my husband and me. It was greatly appreciated. You will always be in my heart. Thank you for giving so much love and care to so many."

♥ (*Letter from Daughter of **Hospice** Veteran*)

"It was one of the few beautiful days that we have had here in a long time, and it truly was gorgeous. Daddy had spent several days of rather labored congested breathing, and this day it was gone. The nurses had bathed him and for the first time he looked very peaceful and relaxed. The nurses told mom that they felt the time was very close. As I mentioned before, mom had not left his side sine they arrived at the VA on Wednesday, and I feel sure he was aware of her presence. The nurses and staff at the VA were awesome; they could not have been nicer to us. They catered to mom and our every wish and were right there to be sure daddy was comfortable and not in any pain. Daddy was right where he wanted to be, other than maybe home. Dave arrived around 11:30 and all three girls were able to come and say their goodbyes. At about 3:30 we talked mommy into going outside to enjoy a little of the sunshine and gave Tammie a little time by herself with Poppy, with the promise to text us if anything changed. We came back in about 20 minutes and Tammie said that his breathing had changed a bit. She had just left and we noticed a big change. Poppy seemed to have completely relaxed and let go. It was just Mom, Dave and I with him holding his hands when he took his last breath.

There was a resident cat at the center named Tom who just roamed the floor. We were told that a cat will go to someone who is dying. Mom said that when they were giving daddy his bath the cat came in and sat in the bookcase for about 2 hours. Then about the time that Daddy was getting ready to take his journey, Tom wandered back in and just walked around. Tom jumped up on the bed and laid next to Daddy and fell sound asleep. I have a picture of him with his paw laying in daddy's hand. The peace that went with that image is beyond words."

REPORTING SAFETY & QUALITY ISSUES

Submitted by Quality Management

Anyone may report safety and quality of care issues to the Joint Commission (TJC); and any criminal activity, waste, abuse, mismanagement, as well as safety issues may be reported to the Office of Inspector General (OIG). (Concerns can be reported without fear of retaliation or disciplinary action against a reporting employee.)

The Joint Commission (TJC):
Office of Quality Monitoring, The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
Phone: 1-800-994-6610
Fax: 1-630-792-5636
Email: www.complaint@jointcommission.org

OIG:
VA OIG Hotline
PO Box 50410
Washington, DC 20091-0410
Phone: 1-800-488-8244
Fax: 1-202-565-7936
Email: vaoighotline@va.gov

Be sure to check out our website
www.salem.va.gov
For events, articles, photos, this newsletter, and more!

JUST THE FACTS

The newsletter is published around the 1st of each month.

If you have ideas for *Just the Facts* articles (250 words or less), photos, or suggestions, please contact Marian McConnell at (540) 982-2463, Ext. 1400; or email vhasampublicaffairs@va.gov at least 10 days before the first of the month.

Remember, you can read current and past issues on the Salem VAMC Intranet homepage.

Disclaimer: We reserve the right to edit/ condense articles and information as appropriate. We will make every attempt to notify the author(s) first.

Posted online under "Resources" at:
www.salem.va.gov

EVENTS CALENDAR—2012

Also see www.salem.va.gov Events Calendar and Employees can view Intranet Events Calendar

June	Vision Research Month National Safety Month Hernia Awareness Month Professional Wellness Month Lesbian, Gay, Bisexual & Transgender Pride Month
Jun 3	National Cancer Survivors Day
Jun 5	Empower Yourself monthly talk for Employees from 12-1p in 74-232
Jun 6	D-Day Anniversary
Jun 11-17	Men's Health Week
Jun 12	Eat Wisely display in the Main Lobby from 12-1p for Veterans, Volunteers, Visitors, and Staff
Jun 13	Personal Finance Planning for Employees—Keeping Debt Under Control—from 12-1p in the Auditorium
Jun 14	Military Family Appreciation Night at the Salem Ballpark sponsored by Military Family Support Center & US Army Recruiting Command. Gates open at 6p; game starts at 7:05p. Contact (540) 400-8301 or email info@milfamily.org for free tickets
Jun 14	Flag Day
Jun 14-21	Nursing Assistants Week
Jun 17	Father's Day
Jun 20	Take the Stairs—Change happens one step at a time! For employees. From 1-1:30p at the back stairwell in Building 143 behind the Pharmacy
Jun 25-30	National Veterans Wheelchair Games in Richmond, VA
Jun 26	DMV2GO—Virginia Department of Motor Vehicles mobile van from 9a-4p in front of Building 5 (Auditorium) for Veterans, Volunteers, Visitors, and Staff
Jun 27	National HIV Testing Day

National Nurses Week 2012

Excellence in Nursing Awards

Photo Above: Bea McNeil, Salad Dept/Caterer, Veterans Canteen Services.

Top Photo (left to right):
Dr. Teresa England, PhD., RN, Associate Director, Patient/Nursing Service, Jennifer Holland, MSN, MA. Ed, RN, Interim Associate Director, Patient/Nursing Service -- **Shirley Levesy-Martin, NA -- Ruth Ann Davis, RN, MSN, ANP-- Darren Argabright, LPN -- Karen Sledd, RN, BSN** -- Rebecca J. Stackhouse, FACHE, VHA-CM, Associate Director, and Dr. Miguel LaPuz, MD, MBA, Medical Center Director.

Photo Above and Mid-right: Special Music: Charlene Scott, Isaac Scott, Jodie Burrell, and Marilyn Henderson. **Above Top Right:** Chaplain Harold Bryant and Linda Riffel, ASCN-MHSL opening the ceremony and leading the Florence Nightingale pledge. **Below:** Staff line up for the *Blessing of the Hands*.

National Nurses Week 2012

Blessing of the Hands

National Nurses Week 2012

Nurses are the Sweetest Bake-Off Contest